

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
FORT HUACHUCA, ARIZONA 85613-7040

MEDDAC MEMORANDUM
No. 350-4

27 January 2005

Training
COMPETENCY ASSESSMENT FOLDER PROGRAM

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1. HISTORY. This issue publishes a revision of this publication.

2. PURPOSE. To provide guidelines for the development and implementation of a Competency Assessment Folder (CAF) Program at USA MEDDAC-AZ. This program is renamed from the previous memorandum based on changes to the guiding Army Regulation.

3. SCOPE. This policy applies to all military and civilian employees, volunteers, and contract personnel assigned, attached or employed at USA MEDDAC-AZ.

4. REFERENCES.

4.1 2004 Standards for Ambulatory Care, Joint Commission on Accreditation of Healthcare Organization Standards.

4.2 AR 40-48, Non-physician Health Care Providers

4.3 AR 40-68, Clinical Quality Management.

4.4 <https://akm.amedd.army.mil/competency/>

5. GENERAL.

5.1 Definitions are as follows:

*This memo supersedes MEDDAC Reg 350-4, dtd 5 Mar 01

5.1.2 Competency - possessing the skill and knowledge necessary to perform one's job. Competency communicates the standards for acceptable levels of practice. Assuring competency is an ongoing process throughout the employment of the individual.

5.1.3 Competency Assessment - A process for the initial and periodic evaluation and documentation of an individual's knowledge, skills, and critical thinking capabilities that enable them to perform a specific job/task.

5.1.4 Competency Assessment Folder - A six sided folder used to file documentation of competency assessments.

5.1.5 Training Documentation Folder - A six sided folder used to file documentation of combined competency and personnel folders for students (e.g. lab technicians).

5.1.6 Initial Competency Assessment - Initial competencies reflect the knowledge, skills, and behaviors required in the first sixty days in a particular job class. They are based upon core, frequently used, and high-risk job functions and accountabilities. As the staff member accomplishes tasks for the first time, his/her supervisor or preceptor assesses and documents competence.

5.1.7 Annual Competency Assessment - Annual competencies reflect the periodic assessment of employees in a job class after the initial competencies have been met. Continuing ability to meet competency requirements is reassessed annually and more frequently when:

5.1.7.1 competencies are added to the staff member's duties,

5.1.7.2 competencies change,

5.1.7.3 the competency is considered high-risk, or

5.1.7.4 The competency is performed so infrequently that assessments are needed to ensure the staff member's ongoing competency. Ongoing competency assessments also include age-specific criteria when applicable, and will be documented.

5.1.8 Orientation - The purpose of orientation is to familiarize staff members with the organization, their jobs, and to their

work environment. Orientation emphasizes safe, effective job performance. It consists of three required components: organizational (facility-wide), departmental (work area), and skills(specific job elements). Orientation to all components should be completed within 60 days unless military commitments prevent completion. In these instances, the soldier will complete the orientation as soon as possible and an annotation to this effect will be made in the individual's CAF.

5.1.9. Annual Training - Annual training provides necessary information on MTF policies and procedures. Staff must attend Annual Training. This training can be accomplished through traditional lecture, individual instruction, electronic learning, written, Birth Month Annual Review or other adult learning methods.

5.2 Maintenance of Folders

5.2.1 All individuals working or volunteering at MTF must attend mandated training and ensure their Competency Folder is updated.

5.2.2 Staff members must update all licenses, registrations, or certifications required by their jobs and provide this information to their supervisors.

5.2.3 Staff members must maintain all basic qualifications required by the job and assist supervisors to identify ongoing training and education opportunities, to enhance/update/improve competencies, or to prepare for new competency requirements.

5.3 Training Requirements

5.3.1 All individuals working or volunteering will be required to complete Medical Education and Personnel System(MEPS)training, newcomer's orientation, hospitality training and designated annual training. BLS is required for all personnel classified as medical personnel. Anesthesiologists and certified registered nurse anesthetists (CRNAs) assigned to the anesthesia department/service and registered nurses who administer conscious sedation will possess and maintain Advanced Cardiac Life Support (ACLS) certification. ACLS or other advanced life support training is not a substitute for current BLS certification. Heartsaver or BLS for all personnel classified as administrative personnel is highly encouraged, but is not required.

5.3.2 Licensed Independent Practitioners (LIPs) and volunteers will have abbreviated folders.

5.3.3 Be oriented to section specific individual and patient care safety requirements before being allowed to assume their assigned duties.

5.3.4 Complete the health facilities orientation within 45 days of assignment or volunteering at RWBAHC. (Certificate of Training required)

5.3.5 Complete MEPS computer-based training within 60 days of assignment at RWBAHC, and annually thereafter.

5.3.6 Attend hospitality training(Certificate of Training required). Individuals presenting a certificate for hospitality/customer relations training will be exempt from RWBAHC hospitality training.

5.3.7 Clinical personnel (e.g. PLX) should have a current BLS card before they start work. Attendance is not required at the BLS course if the individual has a current BLS card from another MTF/organization (Copy of current BLS card required).

5.3.8 Complete all Health Insurance Privacy and Accountability Act (HIPAA) training requirements.

5.3.9 Ongoing in-services, training, or other education is offered in response to learning needs identified through performance improvement findings (data analysis), staff surveys, performance evaluations, or other needs assessments and to reinforce the need and methods to report unanticipated adverse events.

5.4 Procedures.

5.4.1 During section orientation, the CAF program and files will be explained by the supervisor or preceptor to the newly assigned staff members volunteers and contractors.

5.4.2 The orientation period is determined by each section with consideration given to the orienting individual's learning needs and experience. This period will generally not exceed sixty days.

5.4.3 The CAF will be completed with the time frame established by the section, generally not to exceed 60 days. Due to the frequency and nature of extended military deployments,

supervisors must document in the CAF folder the from/to dates of any extended absence (>30 days). CAF folders will be updated within 4 weeks upon the return of the deployed individual to their duty section (work area). Any training or certifications missed during the deployment will be completed and documented during this 4 week period.

5.4.4 The CAF program documentation will be maintained in a CAF file as part of the individual's training record. CAF files are maintained by each section supervisor/NCOIC. If an individual changes sections, the CAF file will be given to the new supervisor. DO NOT destroy any of the prior documentation contained in the folder, as this information is needed for audit/inspection purposes.

5.4.5 The OIC/NCOIC or the immediate supervisor will reevaluate an individual's competency annually and will document this in the individual's CAF file (provider information is in the credentials file). Competency checklists will be completed according to instructions on each form.

5.4.6 For sections that have age specific requirements, the age-specific checklist will also be reviewed and recertified annually. Age specific competencies may be included within the competency tools.

5.5 CAF File Content: Cover sheets for each section of the six-part folder are at Appendix A. Contents of the CAF file will contain at a minimum the following items:

5.5.1 PART I: Orientation

-Job Description (Job description for credentialed providers will be kept in the credentials file. The CAF will not contain counseling/disciplinary records, performance appraisals, SSNs, or any other personal information.

5.5.2 PART II: License Verification and Certification

-License Verification (no original or copy of an individual's license will be maintained in the file. See verification of licensure Appendix B

-Mandatory Certifications (BLS, ACLS, etc)

-Specialty Certifications (CEN, OCN, Chemotherapy, etc)

5.5.3 PART III: Orientation and Training

-Evidence of orientation at the facility level (newcomer's)

-Evidence of orientation at the unit level

- Evidence of initial and annual training requirements as guided by MEDCOM, JCAHO, OSHA, facility, unit and other local; guidelines (MEPS, Waive/Point of Care testing, etc)

5.5.4 PART IV: Initial and Ongoing Competency Assessment

- Evidence of initial competency assessment
- Evidence of ongoing competency assessment
- Evidence of age-specific competency assessment. Medical personnel with specific unit tasks for the age group served. Age specific competencies may be included in the competency checklist. LIPs information is in the Credentials file. Administrative personnel with clinical patient contact (e.g. ward clerks) are required to show documentation of age specific training appropriate to their position (this will be located on the MEPS printout).
- Do NOT Remove prior editions/versions of assessment tools or checklist. Newer versions are placed on top.

5.5.5 PART V: Continuing Education

- CEs
- Certificate of Training
- inservice logs,
- readiness and military training, etc

5.5.6 PART VI Miscellaneous

- Curriculum Vitas, letters of appreciation, recognition, publications, etc

6. RESPONSIBILITIES.

6.1 Chief, Human Resources Division:

6.1.1 Serves as the facilitator for education and training for the CAF Program (may delegate this to members of the Human Resources Functional Area Assessment Team (HR FAAT)).

6.1.2 Establishes the process and procedures to conduct a regularly scheduled program for CAF folder inspection (may delegate this to members of the HR FAAT).

6.1.3 Conducts regularly scheduled CAF file inspections (may delegate this to members of the HR FAAT).

6.1.4 Prepares inspection reports for the Commander and Executive Committee.

6.2 OIC, NCOIC and Supervisors in each department, unit or section will ensure that all assigned personnel, including military, civilian, volunteers, and contract personnel, have a current CAF with required documentation.

6.2.1 All personnel must demonstrate competency within their jobs and work within their scope of practice. Scope of practice information will be maintained in the credentials office for all credentialed licensed independent practitioners.

6.2.3 Personnel within their assigned areas are in compliance with the CAF program through review of the skills lists and review of the orientation documents. Review folder for all staff as appropriate.

6.2.4 Competencies address, where applicable, age-related and other physical, psychosocial and cultural needs and carrying out patient care activities to meet these needs.

6.2.5 With input from the staff and Mobilization, Education, Training, and Security (METS) project annual departmental in-services.

6.2.6 Update in-service rosters for their department.

6.2.7 Conduct audits of competency folders in cooperation with the chief, Human Resource and maintain documentation.

6.2.6 Confidentiality of CAF information is maintained at all times.

The proponent of this publication is the Chief, Mobilization, Education, Training and Security Division. Users are invited to send comments and suggested improvements on DA Form 2028 directly to MCXJ-METS, USA MEDDAC, Fort Huachuca, Arizona 85613-7040.

FOR THE COMMANDER:

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APPENDIX A
COVER SHEETS FOR COMPETENCY ASSESSMENT FOLDER

Part I: Job Description
(LIPs are kept in the credentials file)

Part II: License Verification and Certification

*License Verification

*Mandatory Certifications (BLS, ACLS, etc)

*Specialty Certifications (chemotherapy, etc)

Part III: Orientation and Training

- Facility level orientation (Newcomer's)
- Unit level orientation
- Annual training(MEPS print out, Waive/Point of Care, etc

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Part IV: Initial and Ongoing Competency Assessment
(Information for LIPs is maintained in the Credentials Office)

Part V: Continuing Education

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Part VI: Miscellaneous

APPENDIX B
Verification of Licensure

☐ I have seen the original unaltered license of:

Name: _____

Duty Position: _____

State: _____

Expiration: _____

☐ Telephonic verification of licensure status was obtained from the State Board of _____. Verification was obtained on _____, from _____.

Name: _____

Duty Position: _____

State: _____

Expiration: _____

Verifying Official (Print name) Date

Verifying Official's Signature